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Atty Docket No. 015114-064700US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Walter, Craig E.

Group Art Unit 2188

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Walter, Craig E.

CERTIFICATION OF FACSIMILE TRANSMISSION

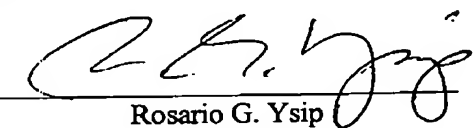
I hereby certify that the following documents in re Application of Amanda Noe, Application No. 10/695,976, filed October 28, 2003 for PATTERN DETECT AND BYTE ALIGN CIRCUIT USING CAM are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form, PTO/SB/21 (1 page);
2. Amendment (11 pages); and
3. Extension of Time Request, PTO/SB/22 (1 page, in duplicate).

Number of pages being transmitted, including this page: -15-

Dated: July 13, 2006


Rosario G. Ysip

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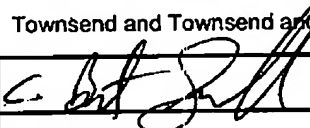
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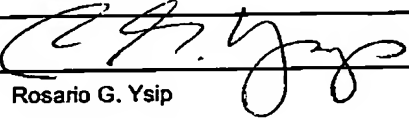
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PTO/SB/21 (08-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/695,976	
	Filing Date	October 28, 2003	
	First Named Inventor	Noe, Amanda	
	Art Unit	2188	
	Examiner Name	Walter, Craig E.	
Total Number of Pages In This Submission	-14-	Attorney Docket Number	015114-064700US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	C. Bart Sullivan		
Date	July 13, 2006	Reg. No.	41,516

CERTIFICATE OF TRANSMISSION/MAILING			
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